

UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF COOK) SS



Doc#: 1127212153 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 09/29/2011 11:18 AM Pg: 1 of 3

Theresa A. Corcoran,
hereby referred to as the affiant, states under
oath that the affiant resides at
6130 W. 63rd Place

In the City of Chicago,
State of Illinois;
that the affiant was acquainted with

Stephen Corcoran,
the decedent; at the time of death, the
decedent was one of the owners of property,
by virtue of a properly recorded joint
tenancy deed, said property located in
Cook County, State of
Illinois, and legally
described as follows:

Lot 34 in Block 8 in F. H. Bartlett's Chicago Highlands in the
Northwest 1/4 of Section 20, Township 35 North, Range 13 East of
the Third Principal Meridian, in Cook County, Illinois.

The decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

The decedent died on December 18, 1999, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 150,000.00, and that the value of the above property individually was \$ 100,000.00.

The State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full.

The affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. (ATG) to issue its policy of title insurance on the above described property.

Property Address: 6130 W. 63rd Place
Chicago, Illinois 60638

Permanent Tax No: 19-20-102-034-0000 v. 398

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JOINT TENANCY AFFIDAVIT (continued)

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that ATG may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of Stephen Corcoran, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

Theresa A. Corcoran (Seal)
 Theresa A. Corcoran
 _____ (Seal)

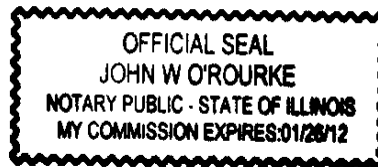
Subscribed and sworn to before me this

9th day of September, 2011

 (Month) (Year)

[Signature]

 (Notary Public)



Note: If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to ATG for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

This instrument prepared by:

John O'Rourke

 (Name)
4239 W. 63rd Street

 (Address)
Chicago, IL 60629

 (City, State, Zip)

Return to:

John O'Rourke

 (Name)
4239 W. 63rd Street

 (Address)
Chicago, IL 60629

 (City, State, Zip)

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ISTRATION NO. 18.10

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

621126

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

DEC 23 1999

REGISTERED DECEASED NAME: STEPHEN CORCORAN
FIRST: STEPHEN MIDDLE: CORCORAN LAST: CORCORAN
SEX: Male
DATE OF BIRTH: October 27, 1921
DATE OF DEATH: DECEMBER 18, 1999

PLACE OF DEATH: CHICAGO
TOWN, TWP. OR ROAD DISTRICT NUMBER: 118
AGE - LAST BIRTHDAY (YRS): 78
HOSPITAL OR OTHER INSTITUTION NAME: 6130 W. 63rd Place
DATE OF BIRTH (MONTH, DAY, YEAR): October 27, 1921

DECEASED'S NAME: Theresa ELL
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: MARRIED
NAME OF SURVIVING SPOUSE: Theresa Sullivan
EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): 12
INSIDE CITY (YES/NO): YES
COUNTY: Cook

RESIDENCE (STREET AND NUMBER): 6130 W. 63rd Place
CITY, TOWN, TWP. OR ROAD DISTRICT NO.: CHICAGO
OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY ORIGIN, RACE, & TERRESTRIAL HOME, etc.): NO
CITY, TOWN, TWP. OR ROAD DISTRICT NO.: CHICAGO
COUNTY: COOK

DECEASED'S NAME: JOHN CORCORAN
FIRST: JOHN MIDDLE: CORCORAN LAST: CORCORAN
RELATIONSHIP: WIFE
MAILING ADDRESS (STREET AND NO. OR R.F.D. NO. OR TOWN, STATE, ZIP): 170130 W 63rd St
MOTHER'S NAME: ELLEN GRIFFIN

CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE OF (e) DUE TO, OR AS A CONSEQUENCE OF

DATE OF OPERATION, IF ANY: 12/20 P.M.
MAJOR FINDINGS OF OPERATION: 200.
WAS CORNER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): YES
HOURS OF DEATH: 12:30 P.M.

SIGNATURE: Theresa ELL
NAME AND ADDRESS OF CERTIFIER: Theresa ELL, 2160 SOUTH FIRST AVENUE, SOUTHWOOD ILLINOIS 60153
DATE SIGNED: 12/22/99
ILLINOIS LICENSE NUMBER: 036054349

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: Joseph I. Clark MD
TYPE OF PRINT: ORIGINAL

BURIAL CREMATION: NONE
REMOVAL (BY WHOM): 248
FUNERAL HOME: 111
FUNERAL DIRECTOR'S SIGNATURE: 111

LOCAL REGISTRAR'S SIGNATURE: SHEILA LYNE RSM
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): DEC 23 1999

Sheila Lyne RSM
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.